

2013

Utah Ambulatory Surgery

Utah Ambulatory Surgical Data File (2013). Utah Health Data Committee / Office of Health Care Statistics. Utah Department of Health. Salt Lake City, Utah. 2015.

Public-Use Data
File User Manual

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INTRODUCTION

Utah Health Data Committee

The Utah Health Data Committee, composed of 15 governor-appointed members, was created through the Utah Health Data Authority Act of 1991. The Committee is staffed by the Office of Health Care Statistics, which manages the Utah Ambulatory Surgery Database.

Utah Ambulatory Surgery Database

Administrative Rule R428.11 became effective in March, 1998, mandating that all Utah licensed hospital and freestanding ambulatory surgical facilities shall report information on selected ambulatory surgeries, beginning with January 1, 1996. The database contains the consolidated information on complete billing, medical codes, and personal characteristics describing a patient, the services received, and charges billed for each visit for a selected subset of ambulatory surgical procedures. Eighty one Utah ambulatory surgical facilities submitted data in 2013.

Shriner’s Hospital for Children was added to this data in 2012. Starting with 2010, the records from University Health Care (UHC) facilities have undergone a dramatic revision. They have identified that they were previously under-reporting many of their procedures, especially GI or Eye procedures, which typically might be performed outside of the operating room and in procedure rooms located in their clinics or health centers. The improved reporting not only includes increases at the main University Hospital & Clinics campus but also the other campuses including the Orthopedic Specialty Center and Huntsman Cancer Hospital and complete reporting from John A. Moran Eye Center.

In addition, UHC is now reporting data from ten new health centers that have been added as a new category of facility. Other facilities that started reporting in 2010 include Alpine Surgery Center, Granite Peaks Endoscopy Center, St. George Endoscopy Center, American Fork Surgery Center, and Mountain West Endoscopy Center. The current reporting by the FASCs is incomplete and caution should be used when trying to perform market level comparisons with this data.

In 2013, 7 out of 31 possible FASCs with at least two beds did not report data. Despite this figure, reporting improvements have been made in the last year. However, continual efforts will be made over the next few years to further the completeness of this reporting.

Selected Ambulatory Surgeries Reported in Utah

Only the following CPT-4 (Current Procedural Terminology) or ICD-9-CM (International Classification of Diseases, 9th Revision, Clinical Modification) surgical procedure codes are reported, whether or not they are the principal procedure:

Table 1: TYPES OF SURGICAL SERVICES SUBMITTED IF PERFORMED IN OPERATING OR PROCEDURE ROOM

DESCRIPTION	CPT-4 CODES	ICD-9-CM PROCEDURE CODES
Mastectomy	19120-19220	85.0-85.99
Musculoskeletal	20000-29909	76.0-84.99
Respiratory	30000-32999	30.0-34.99
Cardiovascular*	33010-37799	35.0-39.99
Lymphatic/Hematic	38100-38999	40.0-41.99
Digestive System*	40490-49999	42.0-54.99
Urinary	50010-53899	55.0-59.99
Male Genital	54000-55899	60.0-64.99
Female Genital	56405-58999	65.0-71.99
Endocrine/Nervous	60000-64999	01.0-07.99
Eye	65091-68889	08.0-16.99
Ear	69000-69979	18.0-20.99
Nose, Mouth, Pharynx	CPT Codes in Musculoskeletal & Respiratory	21.0-29.99
Heart Catheterization	93501-93660	ICD-9 Codes in Cardiovascular

* See Notes on page 3 for exceptions added to the CPT-4 list.

Public-Use Data Files (PDF)

The Ambulatory Surgery Public-Use Data Files are designed to provide general health care information to a wide spectrum of users with minimal controls. A request for a PDF can be approved by the Director of the Health Care Statistics without further review.

Two different public data files are released for 2013 ambulatory surgery data (see page 5 for data elements and file descriptions).

Data Processing and Quality

Data submission: The Health Data Plan provides data element definitions to ensure all hospitals will report similar data. The Office of Health Care Statistics receives discharge data quarterly from ambulatory surgical facilities in various formats and media. The data are converted into a standardized format.

System Edits: The data are validated through a process of automated editing and report verification. Each record is subjected to a series of edits that check for accuracy, consistency, completeness, and conformity with the definitions specified in the Data Submittal Manual. Records failing the edit check are returned to the data supplier for correction or comment.

Facility Reviews: Each facility is provided with a 15 working day review period to validate the compiled data against their facility records. Any inconsistencies discovered by the facilities are reevaluated or corrected.

Missing Values: When dealing with unknown values, it is important to distinguish between *systematic* omission by the facility (e.g., for facilities that were granted reporting exemption for particular data

elements or which had coding problems that deemed the entire data from the facility unusable), and *non-systematic* omission (e.g., coding problems, invalid codes, etc.). While systematic omission creates potential bias, non-systematic omission is assumed to occur randomly. The user is advised to examine missing values by facility for each data element to be used. The user is likewise advised to examine the number of observations by facility by quarter to judge if a facility under-reported for a given quarter, which occasionally happens due to data processing problems experienced by a facility.

Patient Confidentiality

The Committee has taken considerable efforts to ensure that no individual patient could be identified from the PDF. Patient age and payers are grouped. Utah residential zip codes with less than 30 visits in a calendar year are grouped into county abbreviations, and outside Utah zip codes with less than 30 visits are grouped in state abbreviations.

Agreement to Protect Patient Confidentiality

The data collected by the Utah Health Data Committee may be used only for the purpose of health statistical reporting and analysis or as specified in the user's written request for the data; any effort to determine the identity of any reported cases is prohibited. No one will attempt to link this data set with individually identifiable records from any other data sets.

Notes on the 2013 Ambulatory Surgery Data

This is the eighteenth year of statewide reporting of ambulatory surgery data in the state of Utah. Data suppliers' information systems vary considerably, as do data formats. Facility-to-facility comparisons are not encouraged for the first four years of data. Comparing hospital-based to freestanding surgery center facilities are especially challenging due to the differences in billing practice and general operations. Coding practices and formats are evolving over time as the data suppliers adapt to this new statewide reporting requirement.

The data are collected from two types of facilities: hospital-based ambulatory surgery centers (hospitals) and freestanding ambulatory surgery centers (FASCs.) These facilities varied in their reporting of procedure codes in 2013. Most hospital-based surgery centers reported both ICD9 and CPT4 procedure codes, while most freestanding ambulatory surgery centers report CPT4 procedure codes. There is no effective "crosswalk" tool to translate or compare these two procedure coding methods. Therefore, the user will have to be careful in how these data are used. Administrative Rule R428-11 was revised to require reporting of both ICD9 and CPT4 procedure codes starting with the surgeries performed in 1998.

The data include a variable which indicates whether each data record contains only ICD9 codes, only CPT4 codes, or both. The data analyst will find it helpful to compute a cross-tabulation table of facility by this variable (Provider Identifier by Procedure Code Type).

For procedure codes, there is no CPT code that can be used as a PRIMARY procedure code unless it is the only CPT code in a record or if all CPT codes reported on a single record are the same. The CPT-4 and ICD-9 Procedure Code List found in the Types of Surgical Services Submitted table on page 1 is used as inclusion criteria for this data. Additional non-ambulatory codes that may be submitted

are included in this database prior to 2005 but are not comparable across facilities because they are not submitted uniformly. Any analysis and reporting of this data should be limited to comparable ambulatory codes on this Procedure Code List.

Starting with 2005, we have attempted to only include procedures found in the Procedure Code list except as noted below. In addition we have added additional 3M Enhanced Ambulatory Procedure Groups fields starting in 2009 that may aid in analysis. The procedure EAPG types of "02=Significant Procedure" and "25=Other Diagnostic Procedure" can be used as a guide to help determine which CPT-4 procedures are truly surgical/diagnostic in the database. These EAPG fields are not compatible with the APG fields used from 2005 to 2008.

Starting with 2005, the Blood Draw related CPT-4 codes "36000", "36415", and "36600" were removed from the inclusion criteria and are not considered Cardiovascular procedures. In addition, the temporary HCPCS Level II Colorectal cancer screening colonoscopy codes "G0104", "G0105", "G0106", "G0120", and "G0121" were added to the list for the Digestive System procedures and are retained in the database if reported.

Data Format

Standard format for the public data file is fixed ASCII code on a CD-Rom. Requests for other formats, such as a SAS data set, will be considered.

Citation

Any statistical reporting or analysis based on the data shall cite the source as the following:

Utah Ambulatory Surgical Data File (2013). Utah Health Data Committee/Office of Health Care Statistics. Utah Department of Health. Salt Lake City, Utah. 2015.

Redistribution

Users shall not redistribute the Utah Ambulatory Surgical Data File in its original format. Users shall not redistribute any data products derived from the file without written permission from the Office of Health Care Statistics, Utah Department of Health.

FILE LAYOUT

RECORD LAYOUT OF PUBLIC USE DATA FILE I (2013.1)

	DATA ELEMENT	TYPE*	WIDTH	POSITION FROM - TO**	EXAMPLE VALUES
1	Provider identifier (hospital)	Char	3	1 - 3	101, 102, ...
2	Patient's age (in categories)	Num	3	4 - 6	0,1,...,21
3	Patient's gender	Char	1	7 - 7	M,F
4	Source of admission	Char	1	8 - 8	1,2,...,9,A-F
5	Patient's discharge status	Char	2	9 - 10	01,02,...
6	Patient's postal zip code	Char	5	11 - 15	84000, AZ
7	Patient's residential county	Num	3	16 - 18	1,2,...
8	Patient cross-county migration	Char	1	19 - 19	Y,N
9	< blank >		1	20 - 20	
10	Principal diagnosis code	Char	5	21 - 25	8180, 81513
11	Secondary diagnosis code 1	Char	5	26 - 30	8180, 81513
12	Secondary diagnosis code 2	Char	5	31 - 35	8180, 81513
13	Secondary diagnosis code 3	Char	5	36 - 40	8180, 81513
14	Secondary diagnosis code 4	Char	5	41 - 45	8180, 81513
15	Procedure 1 as CPT	Char	9	46 - 54	56399, 38100
16	Procedure 2 as CPT	Char	9	55 - 63	56399, 38100
17	Procedure 3 as CPT	Char	9	64 - 72	56399, 38100
18	Procedure code type	Num	3	73 - 75	0,1,2
19	Total charge	Num	10	76 - 85	498.68
20	Primary payer category	Char	2	86 - 87	01,02,...
21	Secondary payer category	Char	2	88 - 89	01,02,...
22	Tertiary payer category	Char	2	90 - 91	01,02,...
23	< blank >		3	92 - 94	
24	Discharge quarter	Char	1	95 - 95	1,2,3,4
25	Record ID number	Num	10	96 - 105	32000010
26	Secondary diagnosis code 5	Char	5	106 - 110	8180, 81513
27	Secondary diagnosis code 6	Char	5	111 - 115	8180, 81513
28	Secondary diagnosis code 7	Char	5	116 - 120	8180, 81513
29	Secondary diagnosis code 8	Char	5	121 - 125	8180, 81513
30	Procedure 4 as CPT (Continued ...)	Char	9	126 - 134	56399, 38100

	DATA ELEMENT	TYPE*	WIDTH	POSITION FROM - TO**	EXAMPLE VALUES
31	Procedure 5 as CPT	Char	9	135 - 143	56399, 38100
32	Procedure 6 as CPT	Char	9	144 - 152	56399, 38100
33	1st procedure category	Num	2	153 - 154	0,1,2,...
34	2nd procedure category	Num	2	155 - 156	0,1,2,...
35	3rd procedure category	Num	2	157 - 158	0,1,2,...
36	4th procedure category	Num	2	159 - 160	0,1,2,...
37	5th procedure category	Num	2	161 - 162	0,1,2,...
38	6th procedure category	Num	2	163 - 164	0,1,2,...
39	Procedure 1 as ICD9	Char	4	165 - 168	480, 9711
40	Procedure 2 as ICD9	Char	4	169 - 172	480, 9711
41	Procedure 3 as ICD9	Char	4	173 - 176	480, 9711
42	Procedure 4 as ICD9	Char	4	177 - 180	480, 9711
43	Procedure 5 as ICD9	Char	4	181 - 184	480, 9711
44	Procedure 6 as ICD9	Char	4	185 - 188	480, 9711
45	Procedure EAPG 1	Char	3	189 - 191	000, 001,...,999
46	Procedure EAPG 2	Char	3	192 - 194	000, 001,...,999
47	Procedure EAPG 3	Char	3	195 - 197	000, 001,...,999
48	Procedure EAPG 4	Char	3	198 - 200	000, 001,...,999
49	Procedure EAPG 5	Char	3	201 - 203	000, 001,...,999
50	Procedure EAPG 6	Char	3	204 - 206	000, 001,...,999
51	Procedure EAPG Type 1	Char	2	207 - 208	01,02,...,12
52	Procedure EAPG Type 2	Char	2	209 - 210	01,02,...,12
53	Procedure EAPG Type 3	Char	2	211 - 212	01,02,...,12
54	Procedure EAPG Type 4	Char	2	213 - 214	01,02,...,12
55	Procedure EAPG Type 5	Char	2	215 - 216	01,02,...,12
56	Procedure EAPG Type 6	Char	2	217 - 218	01,02,...,12
57	Procedure EAPG Category 1	Char	2	219 - 220	01,02,...,46
58	Procedure EAPG Category 2	Char	2	221 - 222	01,02,...,46
59	Procedure EAPG Category 3	Char	2	223 - 224	01,02,...,46
60	Procedure EAPG Category 4	Char	2	225 - 226	01,02,...,46
61	Procedure EAPG Category 5	Char	2	227 - 228	01,02,...,46
62	Procedure EAPG Category 6	Char	2	229 - 230	01,02,...,46

*Variable Type (if data requested as SAS data set): Char=Character, Num=Numeric

**Column position (if data requested as ASCII file)

RECORD LAYOUT OF PUBLIC USE DATA FILE III (2013.3)

	DATA ELEMENT	TYPE*	WIDTH	POSITION FROM - TO**	EXAMPLE VALUES
1	Provider identifier (hospital)	Char	3	1 - 3	101, 102, ...
2	Patient's age (in categories)	Num	3	4 - 6	0,1,...,21
3	Patient's gender	Char	1	7 - 7	M,F
4	Patient's discharge status	Char	2	8 - 9	01,02,...
5	Patient's residential county	Num	3	10 - 12	1,2,...
6	Principal diagnosis code	Char	5	13 - 17	8180, 81513
7	Procedure 1 as CPT	Char	9	18 - 26	56399, 38100
8	Procedure 2 as CPT	Char	9	27 - 35	56399, 38100
9	Procedure 3 as CPT	Char	9	36 - 44	56399, 38100
10	Procedure code type	Num	3	45 - 47	0,1,2
11	Total charge	Num	10	48 - 57	498.68
12	Primary payer category	Char	2	58 - 59	01,02,...
13	Record ID number	Num	10	60 - 69	32000010
14	1st procedure category	Num	2	70 - 71	0,1,2,...
15	2nd procedure category	Num	2	72 - 73	0,1,2,...
16	3rd procedure category	Num	2	74 - 75	0,1,2,...
17	Procedure 1 as ICD9	Char	4	76 - 79	480, 9711
18	Procedure 2 as ICD9	Char	4	80 - 83	480, 9711
19	Procedure 3 as ICD9	Char	4	84 - 87	480, 9711

*Variable Type (if data requested as SAS data set): Char=Character,
Num=Numeric

**Column position (if data requested as ASCII file)

DESCRIPTION OF DATA ELEMENTS

Provider Identifier

(see Appendix A for alphabetized facility characteristics)

Facility from which patient was discharged (facility name in 2013)

101	=	BEAVER VALLEY HOSPITAL
102	=	MILFORD VALLEY MEMORIAL HOSPITAL (CAH) (not reporting)
103	=	BRIGHAM CITY COMMUNITY HOSPITAL
104	=	BEAR RIVER VALLEY HOSPITAL
105	=	LOGAN REGIONAL HOSPITAL
106	=	CASTLEVIEW HOSPITAL
107	=	LAKEVIEW HOSPITAL
108	=	DAVIS HOSPITAL & MEDICAL CENTER
109	=	UINTAH BASIN MEDICAL CENTER
110	=	GARFIELD MEMORIAL HOSPITAL
111	=	ALLEN MEMORIAL HOSPITAL (to be renamed MOAB REGIONAL HOSPITAL (CAH))
112	=	VALLEY VIEW MEDICAL CENTER
113	=	CENTRAL VALLEY MEDICAL CENTER - CAH
114	=	KANE COUNTY HOSPITAL - CAH
115	=	FILLMORE COMMUNITY MEDICAL CENTER - CAH
116	=	DELTA COMMUNITY MEDICAL CENTER - CAH
117	=	JORDAN VALLEY MEDICAL CENTER
118	=	ALTA VIEW HOSPITAL
119	=	COTTONWOOD HOSPITAL MEDICAL CENTER (closed 2007)
120	=	SALT LAKE REGIONAL MEDICAL CENTER
121	=	LDS HOSPITAL
122	=	PRIMARY CHILDREN'S MEDICAL CENTER
124	=	ST. MARK'S HOSPITAL
125	=	UNIVERSITY HEALTH CARE/UNIVERSITY HOSPITALS & CLINICS
126	=	PIONEER VALLEY HOSPITAL
128	=	SAN JUAN COUNTY HOSPITAL (CAH)
129	=	GUNNISON VALLEY HOSPITAL (CAH)
130	=	SANPETE VALLEY HOSPITAL - CAH
132	=	SEVIER VALLEY MEDICAL CENTER
133	=	MOUNTAIN WEST MEDICAL CENTER (formerly TOOELE VALLEY REGIONAL MEDICAL CENTER)
134	=	ASHLEY REGIONAL MEDICAL CENTER

135	=	OREM COMMUNITY HOSPITAL
136	=	AMERICAN FORK HOSPITAL
137	=	MOUNTAIN VIEW HOSPITAL
138	=	UTAH VALLEY REGIONAL MEDICAL CENTER
139	=	HEBER VALLEY MEDICAL CENTER (CAH)
140	=	DIXIE REGIONAL MEDICAL CENTER
141	=	MCKAY-DEE HOSPITAL CENTER
142	=	OGDEN REGIONAL MEDICAL CENTER
144	=	TIMPANOGOS REGIONAL HOSPITAL
145	=	CACHE VALLEY SPECIALTY HOSPITAL (opened 2000)
146	=	INTERMOUNTAIN MEDICAL CENTER (opened 2007)
147	=	PARK CITY MEDICAL CENTER (opened 2009)
148	=	RIVERTON HOSPITAL (opened 2009)
149	=	LONE PEAK HOSPITAL (opened 2013)
305	=	SHRINER'S HOSPITAL FOR CHILDREN
307	=	THE ORTHOPEDIC SPECIALTY HOSPITAL
309	=	UHC ORTHOPAEDIC CENTER
310	=	UHC HUNTSMAN CANCER HOSPITAL
401	=	CENTRAL UTAH SURGICAL CENTER
403	=	INTERMOUNTAIN AVENUES SURGICAL CENTER (formerly Intermountain Surgical Center)
404	=	MCKAY-DEE SURGICAL CENTER
405	=	PROVO SURGICAL CENTER (closed end 2006)
406	=	SALT LAKE ENDOSCOPY CENTER (not reporting)
407	=	SALT LAKE SURGICAL CENTER
408	=	ST. GEORGE SURGICAL CENTER
409	=	ST. MARK'S OUTPATIENT SURGICAL CENTER
410	=	THE SURGICARE CENTER OF UTAH (2nd floor (surgical floor) of The Eye Institute of Utah)
411	=	WASATCH ENDOSCOPY CENTER
412	=	MADSEN SURGERY CENTER (formerly WASATCH SURGERY CENTER)
414	=	MOUNT OGDEN SURGICAL CENTER
415	=	DAVIS SURGICAL CENTER (closed mid-2012)
416	=	UHC MORAN EYE CENTER
417	=	SOUTH TOWNE SURGICAL CENTER
418	=	PARK CITY SURGICAL CENTER (closed in spring 2006)
419	=	NORTHERN UTAH ENDOSCOPY CENTER
420	=	RIDGELINE ENDOSCOPY CENTER
421	=	ZION EYE INSTITUTE
422	=	UTAH SURGICAL CENTER
423	=	CORAL DESERT SURGERY CENTER
424	=	MOUNTAIN WEST SURGICAL CENTER

425	=	INTERMOUNTAIN PARK CITY SURGICAL CENTER (opened June 2008, closed fall 2009)
426	=	LAKEVIEW ENDOSCOPY CENTER
427	=	RIVERWOODS SURGERY CENTER
428	=	ALPINE SURGERY CENTER
429	=	GRANITE PEAKS ENDOSCOPY CENTER
430	=	ST. GEORGE ENDOSCOPY CENTER
431	=	AMERICAN FORK SURGERY CENTER
432	=	MOUNTAIN WEST ENDOSCOPY CENTER
433	=	CEDAR ORTHOPAEDIC SURGERY CENTER
501	=	UHC CENTERVILLE HEALTH CENTER
502	=	UHC DAYBREAK HEALTH CENTER
503	=	UHC GREENWOOD HEALTH CENTER
504	=	UHC MADSEN HEALTH CENTER
505	=	UHC PARKWAY HEALTH CENTER
506	=	UHC REDWOOD HEALTH CENTER
507	=	UHC REDSTONE HEALTH CENTER
508	=	UHC SOUTH JORDAN HEALTH CENTER
509	=	UHC STANSBURY HEALTH CENTER
510	=	UHC WESTRIDGE HEALTH CENTER

Patient's Age (as of last birthday) at the Date of Discharge

0	=	1 - 28 days
1	=	29 -365 days
2	=	1-4 years
3	=	5-9
4	=	10-14
5	=	15-17
6	=	18-19
7	=	20-24
8	=	25-29
9	=	30-34
10	=	35-39
11	=	40-44
12	=	45-49
13	=	50-54
14	=	55-59
15	=	60-64
16	=	65-69
17	=	70-74
18	=	75-79

19	=	80-84
20	=	85-89
21	=	90 +
99	=	Unknown
Blank	=	Not reported

Patient's Gender

M	=	Male
F	=	Female
U	=	Unknown
Blank	=	Not Reported

Point of Origin / Source of Admission

1	=	Non-health care facility point of origin
2	=	Clinic
4	=	Transfer from a hospital (different facility)
5	=	For non-newborn admissions (ATYPE ne 4): Transfer from a skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)
6	=	For non-newborn admissions (ATYPE ne 4): Transfer from another health care facility
7	=	Emergency room (officially discontinued as of July 1, 2010)
8	=	Court/law enforcement
B	=	Transfer from another Home Health Agency
C	=	Readmission to Same Home Health Agency (officially discontinued as of July 1, 2010, but the value continues to be in use)
D	=	Transfer from one distinct unit of the hospital to another distinct unit of the same hospital resulting in a separate claim to the payer
E	=	Transfer from ambulatory surgery center
F	=	Transfer from hospice and is under a hospice plan of care or enrolled in a hospice program
Blank	=	Not Reported

Patient's Discharge Status

01	=	Discharge to home or self-care, routine discharge
02	=	Discharge/transferred to another short-term general hospital
03	=	Discharge/transferred to skilled nursing facility
04	=	Discharge/transferred to an intermediate care facility
05	=	Discharged/transferred to another type of institution, cancer or pediatric hospital starting 04/01/08

- 06 = Discharge/transferred to home under care of organized home health service organization
- 07 = Left against medical advice
- 08 = Discharged/transferred to home under care of a home IV provider
- 20 = Expired
- 21 = Discharged/transferred to Court/Law enforcement
- 40 = Expired at home
- 41 = Expired in a medical facility; i.e. hospital, skilled nursing facility, intermediate care facility, or free standing hospice
- 42 = Expired - place unknown
- 43 = Discharged to federal facility
- 50 = Discharged/transferred to hospice - home
- 51 = Discharged/transferred to hospice - medical facility
- 61 = Discharged/transferred within institution to hospital based Medicare swing bed
- 62 = Discharged/transferred to another rehab facility including distinct part units in hospital
- 63 = Discharged/transferred to a long term care hospital
- 64 = Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
- 65 = Discharged/transferred to a psychiatric facility
- 66 = Discharged/transferred to a Critical Access Hospital
- 69 = Discharge/transferred to a designated disaster alternative care site (valid 10/2013)**
- 70 = Discharged/transferred/referred to another institution not defined elsewhere in this code list starting 04/01/08
- 71 = Discharged/transferred/referred to another institution for outpatient (as per plan of care)
- 72 = Discharged/transferred/referred to this institution for outpatient services (as per plan of care)
- 81 = Discharged to home or self-care with a planned acute care hospital inpatient readmission (valid 10/2013)**
- 82 = Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission (valid 10/2013)**
- 83 = Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission (valid 10/2013)**
- 84 = Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission (valid 10/2013)**
- 85 = Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission (valid 10/2013)**
- 86 = Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission (valid 10/2013)**
- 87 = Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission (valid 10/2013)**

- 88 = Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission (valid 10/2013)
- 89 = Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission (valid 10/2013)
- 90 = Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission (valid 10/2013)
- 91 = Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission (valid 10/2013)
- 92 = Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare with a planned acute care hospital inpatient readmission (valid 10/2013)
- 93 = Discharged/transferred to a psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission (valid 10/2013)
- 94 = Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission (valid 10/2013)
- 95 = Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission (valid 10/2013)
- 09 = Unknown
- Blank = Not reported

Patient's Residential Postal Zip Code

- 84000-84799 = Zip codes in Utah
- 4444 = Homeless (word homeless or homeless code of ZZZZZ given as address)
- 5555 = Unknown Utah (Unknown/invalid zip code with Utah address). *Note: If the city is present in the address but the zip code is not, the zip code variable is coded as -5555 while the county variable is coded with the actual county identifier*
- 8888 = Unknown (completely missing address information)
- 9999 = Outside U.S.A. (foreign address)

Helpful Hint: A quick way to identify the city associated with a zip code is to use the United States Postal Service website: <https://tools.usps.com/go/ZipLookupAction!input.action>

Patient's County Code

If less than 30 encounters occurred for a Utah zip code area, this zip code was mapped into the county code:

- Beave = Beaver
- BoxEl = Box Elder
- Cache = Cache
- Carbo = Carbon
- Dagge = Daggett
- Davis = Davis

Duche	=	Duchesne
Emery	=	Emery
Garfi	=	Garfield
Iron	=	Irom
Milla	=	Millard
Morga	=	Morgan
MulCo	=	Multi-county (no longer used)
Piute	=	Piute
Rich	=	Rich
SaltL	=	Salt Lake
SanJu	=	San Juan
Sanpe	=	Sanpete
Sevie	=	Sevier
Summi	=	Summit
TooeL	=	Tooele
Uinta	=	Uinta
Washi	=	Washington
Wayne	=	Wayne
Weber	=	Weber

Patient's State Code

If less than 30 encounters occurred for a non-Utah zip code area, this zip code was mapped into the state code:

AL	=	ALABAMA
AK	=	ALASKA
AZ	=	ARIZONA
AR	=	ARKANSAS
CA	=	CALIFORNIA
CO	=	COLORADO
CT	=	CONNECTICUT
DE	=	DELAWARE
DC	=	DISTRICT OF COLUMBIA
FL	=	FLORIDA
GA	=	GEORGIA
HI	=	HAWAII
ID	=	IDAHO
IL	=	ILLINOIS
IN	=	INDIANA
IA	=	IOWA
KS	=	KANSAS
KY	=	KENTUCKY

LA	=	LOUISIANA
ME	=	MAINE
MD	=	MARYLAND
MA	=	MASSACHUSETTS
MI	=	MICHIGAN
MN	=	MINNESOTA
MS	=	MISSISSIPPI
MO	=	MISSOURI
MT	=	MONTANA
NE	=	NEBRASKA
NV	=	NEVADA
NH	=	NEW HAMPSHIRE
NJ	=	NEW JERSEY
NM	=	NEW MEXICO
NY	=	NEW YORK
NC	=	NORTH CAROLINA
ND	=	NORTH DAKOTA
OH	=	OHIO
OK	=	OKLAHOMA
OR	=	OREGON
PA	=	PENNSYLVANIA
RI	=	RHODE ISLAND
SC	=	SOUTH CAROLINA
SD	=	SOUTH DAKOTA
TN	=	TENNESSEE
TX	=	TEXAS
UT	=	UTAH
VT	=	VERMONT
VA	=	VIRGINIA
WA	=	WASHINGTON
WV	=	WEST VIRGINIA
WI	=	WISCONSIN
WY	=	WYOMING
GU	=	GUAM
PR	=	PUERTO RICO

Patient's Residential County

1	=	Box Elder
2	=	Cache
3	=	Rich
4	=	Morgan

5	=	Weber
6	=	Davis
7	=	Salt Lake
8	=	Summit
9	=	Tooele
10	=	Utah
11	=	Wasatch
12	=	Daggett
13	=	Duchesne
14	=	Uintah
15	=	Juab
16	=	Millard
17	=	Sanpete
18	=	Piute
19	=	Sevier
20	=	Wayne
21	=	Carbon
22	=	Emery
23	=	Grand
24	=	San Juan
25	=	Beaver
26	=	Garfield
27	=	Iron
28	=	Kane
29	=	Washington
30	=	Multi-County (used in earlier versions of data set--the category has been eliminated)
44	=	Homeless (word "homeless" or homeless code of ZZZZZ given as address)
55	=	Unknown Utah (unknown city & zip but "Utah" in address or invalid zip code beginning with 84)
77	=	Outside Utah (but in U.S.A.)
88	=	Unknown (completely missing address information)
99	=	Outside U.S.A. (foreign address)

Suggested Division of Local Areas

The data analyst might find one of the following three grouping schemes useful for combining data according to patient county of residence:

Definition

County Code (see above)

1. Urban vs. Rural Areas

Urban

5, 6, 7, 10

Rural	1-4, 8-9, 11-29
Exclude from Analysis	30, 44, 55, 77, 88, 99
2. Wasatch Front Area	
Yes	5, 6, 7, 10
No	1-4, 8-9, 11-29
Exclude from Analysis	30, 44, 55, 77, 88, 99
3. Local Health Districts	
Bear River	1-3
Weber-Morgan	4-5
Davis	6
Salt Lake	7
Summit	8
Tooele	9
Utah County	10
Wasatch	11
TriCounty	12-14
Central	15-20
Southeast	21-24
Southwest	25-29

Patient's Cross-County Migration Status

Hospital in different county than patient residence

- Y = Yes (includes out-of-state, foreign, homeless, out-of-county)
- N = No (from same county)
- U = Unknown (includes unknown and unknown but Utah residence)

Principal Diagnosis Code

The first four digits of ICD-9-CM code. Refer to International Classification of Diseases (9th Revision): Clinical Modification for description.

There is an “implied” decimal point between the 3rd and 4th digit (decimal point is part of ICD-9-CM code but has been stripped out of data).

Blank = Not reported

ICD-9-CM E-Codes and V-Codes might also be found in this field.

Secondary Diagnosis Code 1 ... Secondary Diagnosis Code 8

Definition is the same as Principal Diagnosis Code.

Procedure Code Type

- 0 = ICD-9-CM codes only were reported by the hospital
- 1 = CPT-4 codes only were reported by the hospital
- 2 = Both ICD-9-CM and CPT-4 codes were reported by the hospital

Procedure Code 1 as CPT

The five digits of CPT-4 code, followed by optional numeric or character qualifiers. Refer to Physicians Procedure Current Terminology for description.

Blank = Not reported

Procedure Code 2 as CPT ... Procedure Code 6 as CPT

Definition same as Procedure Code 1 as CPT.

Procedure Code 1 as ICD9

The four digits of ICD-9-CM code. Refer to International Classification of Diseases (9th Revision): Clinical Modification for description.

There is an “implied” decimal point between the 2nd and 3rd digit (decimal point is part of ICD-9-CM code but has been stripped out of data).

Blank = Not reported

Procedure Code 2 as ICD9 ... Procedure Code 6 as ICD9

Definition same as Procedure Code 1 as ICD9.

Total Charge

Total dollars and cents amount charged for the visit (with 2 decimal digits).

Blank = Not reported

Primary Payer Category

01 = Medicare

02	=	Medicaid
03	=	Other government
04	=	Blue Cross/Blue Shield
05	=	Other commercial (not BC/BS)
06	=	Managed care
07	=	Self pay
08	=	Industrial and worker's compensation
09	=	Charity/Unclassified
10	=	Unknown
13	=	CHIP (Children's Health Insurance Plan)
Blank	=	Not reported

Secondary Payer Category, Tertiary Payer Category

Definition same as primary payer category.

Discharge Quarter

1	=	First Quarter (January 1 to March 31)
2	=	Second Quarter (April 1 to June 30)
3	=	Third Quarter (July 1 to September 30)
4	=	Fourth Quarter (October 1 to December 31)

Record ID Number

A unique number for each visit, which is also unique across all years that ambulatory surgery data are available.

First Procedure Category

Broad category for first procedure.

These categories match the required ambulatory surgical procedure reporting categories, based on procedure code ranges (see page 1). These categories are very broad, and so they may not produce a meaningful summary of the data for many analytic purposes.

0	=	No match for Procedure Category
1	=	Musculoskeletal
2	=	Respiratory
3	=	Cardiovascular
4	=	Lymphatic/Hematic
5	=	Diaphragm
6	=	Digestive System
7	=	Urinary

- 8 = Male Genital
- 9 = Laparoscopy
- 10 = Female Genital
- 11 = Endocrine/Nervous
- 12 = Eye
- 13 = Ear
- 14 = Nose, Mouth, Pharynx
- 15 = Mastectomy

Second Procedure Category ... Sixth Procedure Category

Broad category for 2nd through 6th procedures.

Categories are same as first procedure category shown above.

Note: For procedures performed in 2008 and previous years, see previous manuals for 3M Ambulatory Patient Groups (APGs). Starting with procedures performed in 2009, 3M Enhanced Ambulatory Patient Groups (EAPGs) were used and are listed on the following pages.

- 001 = PHOTOCHEMOTHERAPY
- 002 = SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION
- 003 = LEVEL I SKIN INCISION AND DRAINAGE
- 004 = LEVEL II SKIN INCISION AND DRAINAGE
- 005 = NAIL PROCEDURES
- 006 = LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION
- 007 = LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION
- 008 = LEVEL III SKIN DEBRIDEMENT AND DESTRUCTION
- 009 = LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE
- 010 = LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE
- 011 = LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE
- 012 = LEVEL I SKIN REPAIR
- 013 = LEVEL II SKIN REPAIR
- 014 = LEVEL III SKIN REPAIR
- 015 = LEVEL IV SKIN REPAIR
- 020 = LEVEL I BREAST PROCEDURES
- 021 = LEVEL II BREAST PROCEDURES
- 022 = LEVEL III BREAST PROCEDURES
- 030 = LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT
- 031 = LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT
- 032 = LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT
- 033 = LEVEL I HAND PROCEDURES
- 034 = LEVEL II HAND PROCEDURES

035 = LEVEL I FOOT PROCEDURES
 036 = LEVEL II FOOT PROCEDURES
 037 = LEVEL I ARTHROSCOPY
 038 = LEVEL II ARTHROSCOPY
 039 = REPLACEMENT OF CAST
 040 = SPLINT, STRAPPING AND CAST REMOVAL
 041 = CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK
 042 = CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK
 043 = OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES
 044 = BONE OR JOINT MANIPULATION UNDER ANESTHESIA
 045 = BUNION PROCEDURES
 046 = LEVEL I ARTHROPLASTY
 047 = LEVEL II ARTHROPLASTY
 048 = HAND AND FOOT TENOTOMY
 048 = ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION
 060 = PULMONARY TESTS
 061 = NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION
 062 = LEVEL I ENDOSCOPY OF THE UPPER AIRWAY
 063 = LEVEL II ENDOSCOPY OF THE UPPER AIRWAY
 064 = ENDOSCOPY OF THE LOWER AIRWAY
 065 = RESPIRATORY THERAPY
 066 = PULMONARY REHABILITATION
 067 = VENTILATION ASSISTANCE AND MANAGEMENT
 080 = EXERCISE TOLERANCE TESTS
 081 = ECHOCARDIOGRAPHY
 082 = CARDIAC ELECTROPHYSIOLOGIC TESTS
 083 = PLACEMENT OF TRANSVENOUS CATHETERS
 084 = DIAGNOSTIC CARDIAC CATHETERIZATION
 085 = ANGIOPLASTY AND TRANSCATHETER PROCEDURES
 086 = PACEMAKER INSERTION AND REPLACEMENT
 087 = REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE
 088 = LEVEL I CARDIOTHORACIC PROCEDURES
 089 = LEVEL II CARDIOTHORACIC PROCEDURES
 090 = SECONDARY VARICOSE VEINS AND VASCULAR INJECTION
 091 = VASCULAR LIGATION AND RECONSTRUCTION
 092 = RESUSCITATION
 093 = CARDIOVERSION
 094 = CARDIAC REHABILITATION
 095 = THROMBOLYSIS
 096 = ATRIAL AND VENTRICULAR RECORDING AND PACING
 097 = AICD IMPLANT
 110 = PHARMACOTHERAPY BY EXTENDED INFUSION

- 111 = PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION
- 112 = PHLEBOTOMY
- 113 = LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE
- 114 = LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE
- 115 = DEEP LYMPH STRUCTURE AND THYROID PROCEDURES
- 116 = ALLERGY TESTS
- 117 = HOME INFUSION
- 118 = NUTRITION THERAPY
- 130 = ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT
- 131 = ESOPHAGEAL DILATION WITHOUT ENDOSCOPY
- 132 = ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY
- 133 = PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY
- 134 = DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION
- 135 = THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION
- 136 = DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY
- 137 = THERAPEUTIC COLONOSCOPY
- 138 = ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES
- 139 = LEVEL I HERNIA REPAIR
- 140 = LEVEL II HERNIA REPAIR
- 141 = LEVEL I ANAL AND RECTAL PROCEDURES
- 142 = LEVEL II ANAL AND RECTAL PROCEDURES
- 143 = LEVEL I GASTROINTESTINAL PROCEDURES
- 144 = LEVEL II GASTROINTESTINAL PROCEDURES
- 145 = LEVEL I LAPAROSCOPY
- 146 = LEVEL II LAPAROSCOPY
- 147 = LEVEL III LAPAROSCOPY
- 148 = LEVEL IV LAPAROSCOPY
- 160 = EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY
- 161 = URINARY STUDIES AND PROCEDURES
- 162 = URINARY CATHETERIZATION AND DILATATION
- 163 = LEVEL I BLADDER AND KIDNEY PROCEDURES
- 164 = LEVEL II BLADDER AND KIDNEY PROCEDURES
- 165 = LEVEL III BLADDER AND KIDNEY PROCEDURES
- 166 = LEVEL I URETHRA AND PROSTATE PROCEDURES
- 167 = LEVEL II URETHRA AND PROSTATE PROCEDURES
- 168 = HEMODIALYSIS
- 169 = PERITONEAL DIALYSIS
- 180 = TESTICULAR AND EPIDIDYMAL PROCEDURES
- 181 = CIRCUMCISION
- 182 = INSERTION OF PENILE PROSTHESIS
- 183 = LEVEL I PENILE AND PROSTATE PROCEDURES
- 184 = LEVEL II PENILE AND PROSTATE PROCEDURES

185	=	PROSTATE NEEDLE AND PUNCH BIOPSY
190	=	ARTIFICIAL FERTILIZATION
191	=	LEVEL I FETAL PROCEDURES
192	=	LEVEL II FETAL PROCEDURES
193	=	TREATMENT OF INCOMPLETE ABORTION
194	=	THERAPEUTIC ABORTION
195	=	VAGINAL DELIVERY
196	=	LEVEL I FEMALE REPRODUCTIVE PROCEDURES
197	=	LEVEL II FEMALE REPRODUCTIVE PROCEDURES
198	=	LEVEL III FEMALE REPRODUCTIVE PROCEDURES
199	=	DILATION AND CURETTAGE
200	=	HYSTEROSCOPY
201	=	COLPOSCOPY
210	=	EXTENDED EEG STUDIES
211	=	ELECTROENCEPHALOGRAM
212	=	ELECTROCONVULSIVE THERAPY
213	=	NERVE AND MUSCLE TESTS
214	=	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP
215	=	LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE
216	=	LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE
217	=	LEVEL I NERVE PROCEDURES
218	=	LEVEL II NERVE PROCEDURES
219	=	SPINAL TAP
220	=	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS
221	=	LAMINOTOMY AND LAMINECTOMY
222	=	SLEEP STUDIES
223	=	LEVEL III NERVE PROCEDURES
230	=	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES
231	=	FITTING OF CONTACT LENSES
232	=	LASER EYE PROCEDURES
233	=	CATARACT PROCEDURES
234	=	LEVEL I ANTERIOR SEGMENT EYE PROCEDURES
235	=	LEVEL II ANTERIOR SEGMENT EYE PROCEDURES
236	=	LEVEL III ANTERIOR SEGMENT EYE PROCEDURES
237	=	LEVEL I POSTERIOR SEGMENT EYE PROCEDURES
238	=	LEVEL II POSTERIOR SEGMENT EYE PROCEDURES
239	=	STRABISMUS AND MUSCLE EYE PROCEDURES
240	=	LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE
241	=	LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE
250	=	COCHLEAR DEVICE IMPLANTATION
251	=	OTORHINOLARYNGOLOGIC FUNCTION TESTS
252	=	LEVEL I FACIAL AND ENT PROCEDURES

253	=	LEVEL II FACIAL AND ENT PROCEDURES
254	=	LEVEL III FACIAL AND ENT PROCEDURES
255	=	LEVEL IV FACIAL AND ENT PROCEDURES
256	=	TONSIL AND ADENOID PROCEDURES
257	=	AUDIOMETRY
270	=	OCCUPATIONAL THERAPY
271	=	PHYSICAL THERAPY
272	=	SPEECH THERAPY AND EVALUATION
273	=	MANIPULATION THERAPY
274	=	OCCUPATIONAL/PHYSICAL THERAPY, GROUP
275	=	SPEECH THERAPY & EVALUATION, GROUP
280	=	VASCULAR RADIOLOGY EXCEPT VENOGRAPHY OF EXTREMITY
281	=	MAGNETIC RESONANCE ANGIOGRAPHY - HEAD AND/OR NECK
282	=	MAGNETIC RESONANCE ANGIOGRAPHY - CHEST
283	=	MAGNETIC RESONANCE ANGIOGRAPHY - OTHER SITES
284	=	MYELOGRAPHY
285	=	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST
286	=	MAMMOGRAPHY
287	=	DIGESTIVE RADIOLOGY
288	=	DIAGNOSTIC ULTRASOUND EXCEPT OBSTETRICAL AND VASCULAR OF LOWER EXTREMITIES
289	=	VASCULAR DIAGNOSTIC ULTRASOUND OF LOWER EXTREMITIES
290	=	PET SCANS
291	=	BONE DENSITOMETRY
292	=	MRI- ABDOMEN
293	=	MRI- JOINTS
294	=	MRI- BACK
295	=	MRI- CHEST
296	=	MRI- OTHER
297	=	MRI- BRAIN
298	=	CAT SCAN BACK
299	=	CAT SCAN - BRAIN
300	=	CAT SCAN - ABDOMEN
301	=	CAT SCAN - OTHER
302	=	ANGIOGRAPHY, OTHER
303	=	ANGIOGRAPHY, CEREBRAL
310	=	DEVELOPMENTAL & NEUROPSYCHOLOGICAL TESTING
311	=	FULL DAY PARTIAL HOSPITALIZATION FOR SUBSTANCE ABUSE
312	=	FULL DAY PARTIAL HOSPITALIZATION FOR MENTAL ILLNESS
313	=	HALF DAY PARTIAL HOSPITALIZATION FOR SUBSTANCE ABUSE
314	=	HALF DAY PARTIAL HOSPITALIZATION FOR MENTAL ILLNESS
315	=	COUNSELLING OR INDIVIDUAL BRIEF PSYCHOTHERAPY

316	=	INDIVIDUAL COMPREHENSIVE PSYCHOTHERAPY
317	=	FAMILY PSYCHOTHERAPY
318	=	GROUP PSYCHOTHERAPY
319	=	ACTIVITY THERAPY
320	=	CASE MANAGEMENT & TREATMENT PLAN DEVELOPMENT - MENTAL HEALTH OR SUBSTANCE ABUSE
321	=	CRISIS INTERVENTION
322	=	MEDICATION ADMINISTRATION & OBSERVATION
323	=	MENTAL HYGIENE ASSESSMENT
324	=	MENTAL HEALTH SCREENING & BRIEF ASSESSMENT
327	=	INTENSIVE OUTPATIENT PSYCHIATRIC TREATMENT
328	=	DAY REHABILITATION, HALF DAY
329	=	DAY REHABILITATION, FULL DAY
330	=	LEVEL I DIAGNOSTIC NUCLEAR MEDICINE
331	=	LEVEL II DIAGNOSTIC NUCLEAR MEDICINE
332	=	LEVEL III DIAGNOSTIC NUCLEAR MEDICINE
340	=	THERAPEUTIC NUCLEAR MEDICINE
341	=	RADIATION THERAPY AND HYPERTHERMIA
342	=	LEVEL I AFTERLOADING BRACHYTHERAPY
343	=	RADIATION TREATMENT DELIVERY
344	=	INSTILLATION OF RADIOELEMENT SOLUTIONS
345	=	HYPERTHERMIC THERAPIES
346	=	RADIOSURGERY
347	=	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY
348	=	PROTON TREATMENT DELIVERY
349	=	LEVEL II AFTERLOADING BRACHYTHERAPY
350	=	LEVEL I ADJUNCTIVE GENERAL DENTAL SERVICES
351	=	LEVEL II ADJUNCTIVE GENERAL DENTAL SERVICES
352	=	PERIODONTICS
353	=	LEVEL I PROSTHODONTICS, FIXED
354	=	LEVEL II PROSTHODONTICS, FIXED
355	=	LEVEL III PROSTHODONTICS, FIXED
356	=	LEVEL I PROSTHODONTICS, REMOVABLE
357	=	LEVEL II PROSTHODONTICS, REMOVABLE
358	=	LEVEL III PROSTHODONTICS, REMOVABLE
359	=	LEVEL I MAXILLOFACIAL PROSTHETICS
360	=	LEVEL II MAXILLOFACIAL PROSTHETICS
361	=	LEVEL I DENTAL RESTORATIONS
362	=	LEVEL II DENTAL RESTORATIONS
363	=	LEVEL III DENTAL RESTORATION
364	=	LEVEL I ENDODONTICS
365	=	LEVEL II ENDODONTICS

366 = LEVEL III ENDODONTICS
 367 = LEVEL I ORAL AND MAXILLOFACIAL SURGERY
 368 = LEVEL II ORAL AND MAXILLOFACIAL SURGERY
 369 = LEVEL III ORAL AND MAXILLOFACIAL SURGERY
 370 = LEVEL IV ORAL AND MAXILLOFACIAL SURGERY
 371 = ORTHODONTICS
 372 = SEALANT
 373 = LEVEL I DENTAL FILM
 374 = LEVEL II DENTAL FILM
 375 = DENTAL ANESTHESIA
 376 = DIAGNOSTIC DENTAL PROCEDURES
 377 = PREVENTIVE DENTAL PROCEDURES
 380 = ANESTHESIA
 390 = LEVEL I PATHOLOGY
 391 = LEVEL II PATHOLOGY
 392 = PAP SMEARS
 393 = BLOOD AND TISSUE TYPING
 394 = LEVEL I IMMUNOLOGY TESTS
 395 = LEVEL II IMMUNOLOGY TESTS
 396 = LEVEL I MICROBIOLOGY TESTS
 397 = LEVEL II MICROBIOLOGY TESTS
 398 = LEVEL I ENDOCRINOLOGY TESTS
 399 = LEVEL II ENDOCRINOLOGY TESTS
 400 = LEVEL I CHEMISTRY TESTS
 401 = LEVEL II CHEMISTRY TESTS
 402 = BASIC CHEMISTRY TESTS
 403 = ORGAN OR DISEASE ORIENTED PANELS
 404 = TOXICOLOGY TESTS
 405 = THERAPEUTIC DRUG MONITORING
 406 = LEVEL I CLOTTING TESTS
 407 = LEVEL II CLOTTING TESTS
 408 = LEVEL I HEMATOLOGY TESTS
 409 = LEVEL II HEMATOLOGY TESTS
 410 = URINALYSIS
 411 = BLOOD AND URINE DIPSTICK TESTS
 412 = SIMPLE PULMONARY FUNCTION TESTS
 413 = CARDIOGRAM
 414 = LEVEL I IMMUNIZATION AND ALLERGY IMMUNOTHERAPY
 415 = LEVEL II IMMUNIZATION
 416 = LEVEL III IMMUNIZATION
 417 = MINOR REPRODUCTIVE PROCEDURES
 418 = MINOR CARDIAC AND VASCULAR TESTS

419	=	MINOR OPHTHALMOLOGICAL INJECTION, SCRAPING AND TESTS
420	=	PACEMAKER AND OTHER ELECTRONIC ANALYSIS
421	=	TUBE CHANGE
422	=	PROVISION OF VISION AIDS
423	=	INTRODUCTION OF NEEDLE AND CATHETER
424	=	DRESSINGS AND OTHER MINOR PROCEDURES
425	=	OTHER MISCELLANEOUS ANCILLARY PROCEDURES
426	=	PSYCHOTROPIC MEDICATION MANAGEMENT
427	=	BIOFEEDBACK AND OTHER TRAINING
428	=	PATIENT EDUCATION, INDIVIDUAL
429	=	PATIENT EDUCATION, GROUP
430	=	CLASS I CHEMOTHERAPY DRUGS
431	=	CLASS II CHEMOTHERAPY DRUGS
432	=	CLASS III CHEMOTHERAPY DRUGS
433	=	CLASS IV CHEMOTHERAPY DRUGS
434	=	CLASS V CHEMOTHERAPY DRUGS
435	=	CLASS I PHARMACOTHERAPY
436	=	CLASS II PHARMACOTHERAPY
437	=	CLASS III PHARMACOTHERAPY
438	=	CLASS IV PHARMACOTHERAPY
439	=	CLASS V PHARMACOTHERAPY
440	=	CLASS VI PHARMACOTHERAPY
441	=	CLASS VI CHEMOTHERAPY DRUGS
443	=	CLASS VII CHEMOTHERAPY DRUGS
444	=	CLASS VII PHARMACOTHERAPY
448	=	EXPANDED HOURS ACCESS
449	=	ADDITIONAL UNDIFFERENTIATED MEDICAL VISITS/SERVICES
450	=	OBSERVATION
451	=	SMOKING CESSATION TREATMENT
452	=	DIABETES SUPPLIES
453	=	MOTORIZED WHEELCHAIR
454	=	TPN FORMULAE
455	=	IMPLANTED TISSUE OF ANY TYPE
456	=	MOTORIZED WHEELCHAIR ACCESSORIES
457	=	VENIPUNCTURE
460	=	CLASS VIII COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
461	=	CLASS IX COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
462	=	CLASS X COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
463	=	CLASS XI COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
464	=	CLASS XII COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
465	=	CLASS XIII COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
470	=	OBSTETRICAL ULTRASOUND

471 = PLAIN FILM
 472 = ULTRASOUND GUIDANCE
 473 = CT GUIDANCE
 474 = RADIOLOGICAL GUIDANCE FOR THERAPEUTIC OR DIAGNOSTIC PROCEDURES
 475 = MRI GUIDANCE
 476 = LEVEL I THERAPEUTIC RADIATION TREATMENT PREPARATION
 477 = LEVEL II THERAPEUTIC RADIATION TREATMENT PREPARATION
 478 = MEDICAL RADIATION PHYSICS
 479 = TREATMENT DEVICE DESIGN AND CONSTRUCTION
 480 = TELETHERAPY/BRACHYTHERAPY CALCULATION
 481 = THERAPEUTIC RADIOLOGY SIMULATION FIELD SETTING
 482 = RADIOELEMENT APPLICATION
 483 = RADIATION THERAPY MANAGEMENT
 484 = THERAPEUTIC RADIOLOGY TREATMENT PLANNING
 490 = INCIDENTAL TO MEDICAL, SIGNIFICANT PROCEDURE OR THERAPY VISIT
 491 = MEDICAL VISIT INDICATOR
 492 = ENCOUNTER/REFERRAL FOR OBSERVATION INDICATOR
 500 = ENCOUNTER/REFERRAL FOR OBSERVATION - OBSTETRICAL
 501 = ENCOUNTER/REFERRAL FOR OBSERVATION - OTHER DIAGNOSES
 502 = ENCOUNTER/REFERRAL FOR OBSERVATION - BEHAVIORAL HEALTH
 510 = MAJOR SIGNS, SYMPTOMS AND FINDINGS
 520 = SPINAL DISORDERS & INJURIES
 521 = NERVOUS SYSTEM MALIGNANCY
 522 = DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS
 523 = MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES
 524 = LEVEL I CNS DISORDERS
 525 = LEVEL II CNS DISORDERS
 526 = TRANSIENT ISCHEMIA
 527 = PERIPHERAL NERVE DISORDERS
 528 = NONTRAUMATIC STUPOR & COMA
 529 = SEIZURE
 530 = HEADACHES OTHER THAN MIGRAINE
 531 = MIGRAINE
 532 = HEAD TRAUMA
 533 = AFTEREFFECTS OF CEREBROVASCULAR ACCIDENT
 534 = NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT
 535 = CVA & PRECEREBRAL OCCLUSION W INFARCT
 536 = CEREBRAL PALSY
 550 = ACUTE MAJOR EYE INFECTIONS
 551 = CATARACTS
 552 = GLAUCOMA
 553 = LEVEL I OPHTHALMIC DIAGNOSES

554 = LEVEL II OPHTHALMIC DIAGNOSES
 555 = CONJUNCTIVITIS
 560 = EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES
 561 = VERTIGINOUS DISORDERS EXCEPT FOR BENIGN VERTIGO
 562 = INFECTIONS OF UPPER RESPIRATORY TRACT
 563 = DENTAL & ORAL DISEASES & INJURIES
 564 = LEVEL I OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES
 565 = LEVEL II OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES
 570 = CYSTIC FIBROSIS - PULMONARY DISEASE
 571 = RESPIRATORY MALIGNANCY
 572 = BRONCHIOLITIS & RSV PNEUMONIA
 573 = COMMUNITY ACQUIRED PNEUMONIA
 574 = CHRONIC OBSTRUCTIVE PULMONARY DISEASE
 575 = ASTHMA
 576 = LEVEL I OTHER RESPIRATORY DIAGNOSES
 577 = LEVEL II OTHER RESPIRATORY DIAGNOSES
 578 = PNEUMONIA EXCEPT FOR COMMUNITY ACQUIRED PNEUMONIA
 579 = STATUS ASTHMATICUS
 591 = ACUTE MYOCARDIAL INFARCTION
 592 = LEVEL I CARDIOVASCULAR DIAGNOSES
 593 = LEVEL II CARDIOVASCULAR DIAGNOSES
 594 = HEART FAILURE
 595 = CARDIAC ARREST
 596 = PERIPHERAL & OTHER VASCULAR DISORDERS
 597 = PHLEBITIS
 598 = ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS
 599 = HYPERTENSION
 600 = CARDIAC STRUCTURAL & VALVULAR DISORDERS
 601 = LEVEL I CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS
 602 = ATRIAL FIBRILLATION
 603 = LEVEL II CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS
 604 = CHEST PAIN
 605 = SYNCOPE & COLLAPSE
 620 = DIGESTIVE MALIGNANCY
 621 = PEPTIC ULCER & GASTRITIS
 623 = ESOPHAGITIS
 624 = LEVEL I GASTROINTESTINAL DIAGNOSES
 625 = LEVEL II GASTROINTESTINAL DIAGNOSES
 626 = INFLAMMATORY BOWEL DISEASE
 627 = NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING
 628 = ABDOMINAL PAIN
 629 = MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE

630 = CONSTIPATION
 631 = HERNIA
 632 = IRRITABLE BOWEL SYNDROME
 633 = ALCOHOLIC LIVER DISEASE
 634 = MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS
 635 = DISORDERS OF PANCREAS EXCEPT MALIGNANCY
 636 = HEPATITIS WITHOUT COMA
 637 = DISORDERS OF GALLBLADDER & BILIARY TRACT
 638 = CHOLECYSTITIS
 639 = LEVEL I HEPATOBILIARY DIAGNOSES
 640 = LEVEL II HEPATOBILIARY DIAGNOSES
 650 = FRACTURE OF FEMUR
 651 = FRACTURE OF PELVIS OR DISLOCATION OF HIP
 652 = FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK
 653 = MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG
 654 = OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS
 655 = CONNECTIVE TISSUE DISORDERS
 656 = BACK & NECK DISORDERS EXCEPT LUMBAR DISC DISEASE
 657 = LUMBAR DISC DISEASE
 658 = LUMBAR DISC DISEASE WITH SCIATICA
 659 = MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE
 660 = LEVEL I OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES
 661 = LEVEL II OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES
 662 = OSTEOPOROSIS
 663 = PAIN
 670 = SKIN ULCERS
 671 = MAJOR SKIN DISORDERS
 672 = MALIGNANT BREAST DISORDERS
 673 = CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS
 674 = CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE
 675 = OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS
 676 = DECUBITUS ULCER
 690 = MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS
 691 = INBORN ERRORS OF METABOLISM
 692 = LEVEL I ENDOCRINE DISORDERS
 693 = LEVEL II ENDOCRINE DISORDERS
 694 = ELECTROLYTE DISORDERS
 695 = OBESITY
 710 = DIABETES WITH OPHTHALMIC MANIFESTATIONS
 711 = DIABETES WITH CIRCULATORY DIAGNOSES
 712 = DIABETES WITH NEUROLOGIC MANIFESTATIONS
 713 = DIABETES WITHOUT COMPLICATIONS

714 = DIABETES WITH RENAL MANIFESTATIONS
 720 = RENAL FAILURE
 721 = KIDNEY & URINARY TRACT MALIGNANCY
 722 = NEPHRITIS & NEPHROSIS
 723 = KIDNEY AND CHRONIC URINARY TRACT INFECTIONS
 724 = URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION
 725 = MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC
 726 = OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS
 727 = ACUTE LOWER URINARY TRACT INFECTIONS
 740 = MALIGNANCY, MALE REPRODUCTIVE SYSTEM
 741 = MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY
 742 = NEOPLASMS OF THE MALE REPRODUCTIVE SYSTEM
 743 = PROSTATITIS
 744 = MALE REPRODUCTIVE INFECTIONS
 750 = FEMALE REPRODUCTIVE SYSTEM MALIGNANCY
 751 = FEMALE REPRODUCTIVE SYSTEM INFECTIONS
 752 = LEVEL I MENSTRUAL AND OTHER FEMALE DIAGNOSES
 753 = LEVEL II MENSTRUAL AND OTHER FEMALE DIAGNOSES
 760 = VAGINAL DELIVERY
 761 = POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE
 762 = THREATENED ABORTION
 763 = ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY
 764 = FALSE LABOR
 765 = OTHER ANTEPARTUM DIAGNOSES
 766 = ROUTINE PRENATAL CARE
 770 = NORMAL NEONATE
 771 = LEVEL I NEONATAL DIAGNOSES
 772 = LEVEL II NEONATAL DIAGNOSES
 780 = OTHER HEMATOLOGICAL DISORDERS
 781 = COAGULATION & PLATELET DISORDERS
 782 = CONGENITAL FACTOR DEFICIENCIES
 783 = SICKLE CELL ANEMIA CRISIS
 784 = SICKLE CELL ANEMIA
 785 = ANEMIA EXCEPT FOR IRON DEFICIENCY ANEMIA AND SICKLE CELL ANEMIA
 786 = IRON DEFICIENCY ANEMIA
 800 = ACUTE LEUKEMIA
 801 = LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA
 802 = RADIOTHERAPY
 803 = CHEMOTHERAPY
 804 = LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR
 805 = SEPTICEMIA & DISSEMINATED INFECTIONS
 806 = POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS

807	=	FEVER
808	=	VIRAL ILLNESS
809	=	OTHER INFECTIOUS & PARASITIC DISEASES
810	=	H. PYLORI INFECTION
820	=	SCHIZOPHRENIA
821	=	MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES
822	=	DISORDERS OF PERSONALITY & IMPULSE CONTROL
823	=	BIPOLAR DISORDERS
824	=	DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER
825	=	ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES
826	=	ACUTE ANXIETY & DELIRIUM STATES
827	=	ORGANIC MENTAL HEALTH DISTURBANCES
828	=	MENTAL RETARDATION
829	=	CHILDHOOD BEHAVIORAL DISORDERS
830	=	EATING DISORDERS
831	=	OTHER MENTAL HEALTH DISORDERS
840	=	OPIOID ABUSE & DEPENDENCE
841	=	COCAINE ABUSE & DEPENDENCE
842	=	ALCOHOL ABUSE & DEPENDENCE
843	=	OTHER DRUG ABUSE & DEPENDENCE
850	=	ALLERGIC REACTIONS
851	=	POISONING OF MEDICINAL AGENTS
852	=	OTHER COMPLICATIONS OF TREATMENT
853	=	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES
854	=	TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES
860	=	EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT
861	=	PARTIAL THICKNESS BURNS W OR W/O SKIN GRAFT
870	=	REHABILITATION
871	=	SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS
872	=	OTHER AFTERCARE & CONVALESCENCE
873	=	NEONATAL AFTERCARE
874	=	JOINT REPLACEMENT
880	=	HIV INFECTION
881	=	AIDS
993	=	INPATIENT ONLY PROCEDURES
994	=	USER CUSTOMIZABLE INPATIENT PROCEDURES
999	=	UNASSIGNED

First Procedure EAPG Type ... Sixth Procedure EAPG Type

01	=	PER DIEM
02	=	SIGNIFICANT PROCEDURE

- 03 = MEDICAL VISIT
- 04 = ANCILLARY PROCEDURE
- 05 = INCIDENTAL PROCEDURE
- 06 = DRUG
- 07 = DME
- 08 = UNASSIGNED (APG 999, 994, 993)
- 21 = PHYSICAL THERAPY AND REHAB PROCEDURE
- 22 = MENTAL HEALTH AND COUNSELING PROCEDURE
- 23 = DENTAL PROCEDURE
- 24 = RADIOLOGIC PROCEDURE
- 25 = OTHER DIAGNOSTIC PROCEDURE

First Procedure EAPG Category ... Sixth Procedure EAPG Category

- 01 = SKIN & INTEGUMENTARY SYSTEM PROCEDURES
- 02 = BREAST PROCEDURES
- 03 = MUSCULOSKELETAL SYSTEM PROCEDURES
- 04 = RESPIRATORY PROCEDURES
- 05 = CARDIOVASCULAR PROCEDURES
- 06 = HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES
- 07 = GASTROINTESTINAL SYSTEM PROCEDURES
- 08 = GENITOURINARY SYSTEM PROCEDURES
- 09 = MALE REPRODUCTIVE SYSTEM
- 10 = FEMALE REPRODUCTIVE SYSTEM
- 11 = NEUROLOGIC SYSTEM PROCEDURES
- 12 = OPHTHALMOLOGIC SYSTEM PROCEDURES
- 13 = EAR, NOSE, MOUTH, & THROAT PROCEDURES
- 14 = REHABILITATION
- 15 = RADIOLOGICAL PROCEDURES
- 16 = MENTAL ILLNESS & SUBSTANCE ABUSE THERAPIES
- 17 = NUCLEAR MEDICINE
- 18 = RADIATION ONCOLOGY
- 19 = DENTAL PROCEDURES
- 20 = ANESTHESIA
- 21 = PATHOLOGY
- 22 = LABORATORY
- 23 = OTHER ANCILLARY TESTS & PROCEDURES
- 24 = CHEMOTHERAPY & OTHER DRUGS
- 25 = RADIOLOGY
- 30 = INCIDENTAL PROCEDURES & SERVICES
- 50 = OBSERVATION
- 51 = MAJOR SIGNS, SYMPTOMS & FINDINGS

52	=	DISEASES & DISORDERS OF THE NERVOUS SYSTEM
53	=	DISEASES & DISORDERS OF THE EYE
54	=	EAR, NOSE, MOUTH, THROAT & CRANIOFACIAL DISEASES & DISORDERS
55	=	DISEASES & DISORDERS OF RESPIRATORY SYSTEM
56	=	DISEASES & DISORDERS OF CIRCULATORY SYSTEM
57	=	DISEASES & DISORDERS OF DIGESTIVE SYSTEM
58	=	DISEASES & DISORDERS HEPATOBILIARY SYSTEM, PANCREAS
59	=	DISEASES & DISORDERS MUSCULOSKEL. CONNECTIVE TISSUE
60	=	DISEASES & DISORDERS OF SKIN,SUBCUT. TISSUE & BREAST
61	=	ENDOCRINE,NUTRITION & METABOLIC DISEASES & DISORDERS
62	=	DIABETES MELLITUS
63	=	DISEASES & DISORDERS OF KIDNEY & URINARY TRACT
64	=	DISEASES & DISORDERS OF MALE REPRODUCTIVE TRACT
65	=	DISEASES & DISORDERS OF MALE REPRODUCTIVE TRACT
66	=	PREGNANCY, CHILDBIRTH & PUERPERIUM
67	=	NEWBORNS
68	=	DISEASES & DISORDERS OF BLOOD, IMMUNOLOGIC DISORDERS
69	=	LYMPH., HEMATOPOIETIC, OTH MALIGNANCIES., CHEMO-, RADIOTHERAPY
70	=	INFECTIOUS & PARASITIC DISEASES
71	=	MENTAL DISEASES & DISORDERS
72	=	ALCOHOL/DRUG USE & RELATED MENTAL DISORDERS
73	=	POISONINGS, TOXIC EFFECTS, OTHER TREATMENT COMPL.
74	=	BURNS
75	=	REHAB, AFTERCARE, ETC. INFLUENCING HEALTH SERVICES
76	=	HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS
99	=	NO EAPG ASSIGNED

APPENDIX A: Utah Hospitals with Ambulatory Surgery Facilities and Free-standing Ambulatory Surgical Centers

ID ¹	FACILITY NAME	OWN ²	AFFILIATION	COUNTY	CITY	U/R ³	TEACH ⁴	BEDS
428	Alpine Surgery Center	I	Freestanding	Weber	Ogden	U	N	2
118	Alta View Hospital	N	Intermountain Healthcare	Salt Lake	Sandy	U	N	71
136	American Fork Hospital	N	Intermountain Healthcare	Utah	American Fork	U	N	89
431	American Fork Surgery Center	I	Freestanding	Utah	American Fork	U	N	3
134	Ashley Regional Medical Center	I	LifePoint Hospitals Inc.	Uintah	Vernal	R	N	39
104	Bear River Valley Hospital	N	Intermountain Healthcare	Box Elder	Tremonton	R	N	16
101	Beaver Valley Hospital	G	Freestanding	Beaver	Beaver	R	N	49
103	Brigham City Community Hospital	I	MountainStar Healthcare	Box Elder	Brigham City	R	N	49
145	Cache Valley Specialty Hospital	I	National Surgical Hospital	Cache	North Logan	R	N	22
106	Castleview Hospital	I	LifePoint Hospitals Inc.	Carbon	Price	R	N	39
433	Cedar Orthopaedic Surgery Center	I	Freestanding	Iron	Cedar City	R	N	2
401	Central Utah Surgical Center	I	Nuetera	Utah	Provo	U	N	6
113	Central Valley Medical Center - CAH	N	Rural Health Mgmt	Juab	Nephi	R	N	25
423	Coral Desert Surgery Center	I	Nuetera	Washington	St. George	R	N	5
119	Cottonwood Hospital (closed)	N	Intermountain Healthcare	Salt Lake	Murray	U	N	213
415	Davis Surgical Center	I	Freestanding	Davis	Layton	U	N	4
108	Davis Hospital and Medical Center	I	IASIS Health Care	Davis	Layton	U	N	220
116	Delta Community Medical Center - CAH	N	Intermountain Healthcare	Millard	Delta	R	N	18
140	Dixie Regional Medical Center	N	Intermountain Healthcare	Washington	St. George	R	N	245
115	Fillmore Community Medical Center - CAH	N	Intermountain Healthcare	Millard	Fillmore	R	N	19
110	Garfield Memorial Hospital	N	Intermountain Healthcare	Garfield	Panguitch	R	N	41
429	Granite Peaks Endoscopy Center	I	Freestanding	Salt Lake	Sandy	U	N	4
129	Gunnison Valley Hospital - CAH	G	Freestanding	Sanpete	Gunnison	R	N	25
139	Heber Valley Medical Center - CAH	N	Intermountain Healthcare	Wasatch	Heber	R	N	19

ID ¹	FACILITY NAME	OWN ²	AFFILIATION	COUNTY	CITY	U/R ³	TEACH ⁴	BEDS
403	Intermountain Avenues Surgical Center	N	Intermountain Healthcare	Salt Lake	Salt Lake City	U	N	4
146	Intermountain Medical Center	N	Intermountain Healthcare	Salt Lake	Murray	U	Y	472
425	Intermountain Park City Surgical Center	N	Intermountain Healthcare	Summit	Park City	R	N	2
117	Jordan Valley Medical Center	I	IASIS Health Care	Salt Lake	West Jordan	U	N	183
114	Kane County Hospital -CAH	G	Freestanding	Kane	Kanab	R	N	25
426	Lakeview Endoscopy	I	MountainStar Healthcare	Davis	Bountiful	U	N	2
107	Lakeview Hospital	I	MountainStar Healthcare	Davis	Bountiful	U	N	128
121	LDS Hospital	N	Intermountain Healthcare	Salt Lake	Salt Lake City	U	Y	231
105	Logan Regional Hospital	N	Intermountain Healthcare	Cache	Logan	R	N	146
149	Lone Peak Hospital	I	MountainStar Healthcare	Salt Lake	Draper	U	N	30
412	Madsen Surgery Center (now #504)	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	2
141	McKay-Dee Hospital Center	N	Intermountain Healthcare	Weber	Ogden	U	Y	303
404	McKay-Dee Surgical Center	N	Intermountain Healthcare	Weber	Ogden	U	Y	6
102	Milford Valley Memorial Hospital - CAH	G	Freestanding	Beaver	Milford	R	N	23
111	Moab Regional Hospital - CAH (was Allen)	G	Rural Health Mgmt	Grand	Moab	R	N	17
414	Mount Ogden Surgical Center	I	MountainStar Healthcare	Weber	Ogden	U	Y	3
137	Mountain View Hospital	I	MountainStar Healthcare	Utah	Payson	U	N	114
432	Mountain West Endoscopy Center	I	MountainStar Healthcare	Salt Lake	Salt Lake City	U	N	2
133	Mountain West Medical Center	I	Community Health System	Tooele	Tooele	R	N	44
424	Mountain West Surgical Center	I	MountainStar Healthcare	Davis	Bountiful	U	N	5
419	Northern Utah Endoscopy Center	I	Nuetera	Cache	Logan	R	N	2
142	Ogden Regional Medical Center	I	MountainStar Healthcare	Weber	Ogden	U	N	232
135	Orem Community Hospital	N	Intermountain Healthcare	Utah	Orem	U	N	24
147	Park City Medical Center	N	Intermountain Healthcare	Summit	Park City	R	N	26
418	Park City Surg Ctr (closed)	I	HealthSouth	Summit	Park City	R	N	2
126	Pioneer Valley Hospital	I	IASIS Health Care	Salt Lake	West Valley	U	Y	139
122	Primary Children's Medical Center	N	Intermountain Healthcare	Salt Lake	Salt Lake City	U	N	289
405	Provo Surgical Center (closed)	I	Freestanding	Utah	Provo	U	Y	5
420	Ridgeline Endoscopy Center	I	MountainStar Healthcare	Weber	Ogden	U	N	2

ID ¹	FACILITY NAME	OWN ²	AFFILIATION	COUNTY	CITY	U/R ³	TEACH ⁴	BEDS
148	Riverton Hospital	N	Intermountain Healthcare	Salt Lake	Riverton	U	Y	97
427	Riverwoods Surgery Center	I	Freestanding	Utah	Provo	U	N	5
406	Salt Lake Endoscopy Center	I	Freestanding	Salt Lake	Salt Lake City	U	N	2
120	Salt Lake Regional Medical Center	I	IASIS Health Care	Salt Lake	Salt Lake City	U	Y	158
407	Salt Lake Surgical Center	I	Freestanding	Salt Lake	Salt Lake City	U	N	7
128	San Juan Hospital - CAH	G	Managed	San Juan	Monticello	R	N	25
130	Sanpete Valley Hospital - CAH	N	Intermountain Healthcare	Sanpete	Mt. Pleasant	R	N	18
132	Sevier Valley Medical Center	N	Intermountain Healthcare	Sevier	Richfield	R	N	42
305	Shriner's Hospital for Children	N	Shriner's	Salt Lake	Salt Lake	U	N	45
417	South Towne Surgery Center	I	MountainStar Healthcare	Salt Lake	Sandy	U	N	4
430	St. George Endoscopy Center	I	Freestanding	Washington	St. George	R	N	2
408	St. George Surgical Center	I	Freestanding	Washington	St. George	R	N	4
124	St. Mark's Hospital	I	MountainStar Healthcare	Salt Lake	Salt Lake City	U	Y	294
409	St. Mark's Outpatient Surgery Cntr	I	MountainStar Healthcare	Salt Lake	Salt Lake City	U	Y	4
410	SurgiCare Center (with Eye Institute)	I	Freestanding	Salt Lake	Salt Lake City	U	N	4
307	The Orthopedic Specialty Hospital	I	Intermountain Healthcare	Salt Lake	Salt Lake City	U	N	36
144	Timpanogos Regional Hospital	I	MountainStar Healthcare	Utah	Orem	U	N	122
109	Uintah Basin Medical Center	G	Freestanding	Duchesne	Roosevelt	R	N	49
501	UHC/Centerville Health Center	G	University Healthcare	Davis	Centerville	U	Y	NA
502	UHC/Daybreak Health Center	G	University Healthcare	Salt Lake	South Jordan	U	Y	NA
503	UHC/Greenwood Health Center	G	University Healthcare	Salt Lake	Midvale	U	Y	NA
310	UHC/Huntsman Cancer Hospital	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	NA
416	UHC/John A Moran Eye Center	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	10
504	UHC/Madsen Health Center	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	NA
505	UHC/Parkway Health Center	G	University Healthcare	Utah	Orem	U	Y	NA
506	UHC/Redwood Health Center	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	NA
507	UHC/Redstone Health Center	G	University Healthcare	Summit	Park City	R	Y	NA
508	UHC/South Jordan Health Center	G	University Healthcare	Salt Lake	South Jordan	U	Y	NA
509	UHC/Stansbury Health Center	G	University Healthcare	Tooele	Stansbury Park	R	Y	NA

ID ¹	FACILITY NAME	OWN ²	AFFILIATION	COUNTY	CITY	U/R ³	TEACH ⁴	BEDS
125	UHC/University Hospitals & Clinics	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	592
309	UHC/University Orthopaedic Center	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	NA
510	UHC/Westridge Health Center	G	University Healthcare	Salt Lake	West Valley City	U	Y	NA
422	Utah Surgical Center	I	MountainStar Healthcare	Salt Lake	West Valley	U	N	4
138	Utah Valley Regional Medical Center	N	Intermountain Healthcare	Utah	Provo	U	N	395
112	Valley View Medical Center	N	Intermountain Healthcare	Iron	Cedar City	R	N	48
411	Wasatch Endoscopy Center	I	MountainStar Healthcare	Salt Lake	Salt Lake City	U	Y	3
421	Zion Eye Institute	I	Freestanding	Washington	St. George	R	N	2

¹Facility ID number. See page 11 for facility list in numerical order.

²Owner category: G=Government, N=Not for Profit, I=Investor-Owned.

³Urban or Rural location of facility.

⁴Teaching facility (Yes or No).

CAH stands for Critical Access Hospital.

An alternative source for a list of Utah hospitals and ambulatory surgery centers is the Utah Department of Health Website, <http://health.utah.gov/hflcra> and click on "Facility Info".